

____ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND**REQUEST FOR PAYMENT**

Department of Social Services responsible for Adoption Assistance: _____

Signature of Director or Designee: _____

CHILD INFORMATION															
SIS IDENTIFICATION NUMBER										LAST NAME			FIRST NAME		MI

PAYMENT AMOUNT <i>OVER</i> STANDARD ADOPTION ASSISTANCE RATE							
M		EFFECTIVE DATE			MONTHLY AMOUNT		
M	M	Y	Y				
		-					

PAYEE INFORMATION														
FIRST NAME			MI	LAST NAME				SOCIAL SECURITY NUMBER						
										-			-	
ADDRESS														
CITY										STATE		ZIP CODE		

SUBMIT FORM TO:

FAMILY SUPPORT AND CHILD WELFARE SERVICES
Foster Care/Adoption Policy Team
2409 Mail Service Center
Raleigh, NC 27699-2409

____ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND**SUPPLEMENTAL ADOPTION ASSISTANCE AGREEMENT**

This Supplemental Adoption Assistance Agreement has been entered into by and between the

____ County of Social Services, _____,

Address

(____) _____ thereafter called the "Agency" and _____

Telephone Number

Adoptive Parents

_____, (____) _____

Address

Telephone Number

hereafter called the "Adoptive Parent(s)", for the purpose of facilitating the adoption of _____

Child's First Name

born on _____, and to aid the adoptive family in providing proper care of this child.

I/We, the prospective adoptive parent(s), agree(s) that I/we intend to adopt _____

Child's First Name

and have signed this document prior to the finalization of the adoption so that this child can receive a supplemental payment from the Special Children Adoption Incentive Fund. I/We have already signed the regular Adoption Assistance Agreement on behalf of this child.

I/We agree(s) to accept payments from the Special Children Adoption Incentive Fund in the amount of \$ _____ per month as a supplement to the standard adoption assistance benefits.

I/We understand(s) that the Special Children Adoption Incentive Fund benefits are not an entitlement and are subject to the continuing availability of state and county funds.

I/We, the Adoptive Parent(s), and we, the Agency, have read, understand, and agree to the terms and provisions of this Supplemental Adoption Assistance Agreement.

Adoptive Mother

Date

Adoptive Father

Date

Authorized Agency Director's Signature

Date

A signed copy of the Supplemental Adoption Assistance Agreement was given/sent to the adoptive parent(s) on _____.

Date

COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

VERIFICATION OF CHILD'S NEED FOR DAILY SUPERVISION

I certify that I am a licensed health, mental health or developmental disability practitioner directly involved in the care of _____.

Name of Child

This child has a health condition which requires ***eight or more hours*** of daily direct supervision from a foster parent, health professional and/or special education teacher to meet personal health needs or prevent self-destructive or assaultive behavior. The child's daily supervision needs include the following:

Signature

Position/Title

Date

COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

AGENCY VERIFICATION OF LEGAL CUSTODY AND
CHILD'S LIVING ARRANGEMENT FOR PAST SIX MONTHS

I, the undersigned declare that I am _____ of
Director of Social Services

_____ Department of Social Services, and I verify that

_____ is in the legal custody and placement authority
Name of child for whom incentive fund will be made

of the _____ Department of Social Services. I further verify
that the said child has resided in the licensed foster care home of

Name of licensed foster parent(s)

Mailing address of licensed foster parent(s)

City

State

Zip Code

for the previous six consecutive months on a continuous basis and that the foster parent(s) have received monthly cash assistance from a governmental source in excess of the standard board rate established by the General Assembly for the previous six months on a continuous basis. The foster parent(s) have stated a willingness to adopt this child if the monthly cash assistance that they have received as foster parents is not terminated. The amount of monthly cash assistance **above the standard board rate established by the General Assembly** that is being received by the foster parent(s) is \$ _____.

This is the amount of monthly cash assistance the parent(s) will receive, subject to continuing legislative authorization, from the Special Children Adoption Incentive Fund **above the standard board rate established by the General Assembly** following the issuance of the Decree of Adoption.

Signature

Date